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APPLICANTS

Richard C. Bellofatto JR., Peabody, MA;
 Mark T. Salander, Barrington, RI;
 Joshua B. Lederer, Brookline, MA;
 Quincy L. Reese, Brockton, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MA	4	17	2

ADDRESS

LOGINOV & ASSOCIATES, PLLC
 10 WATER STREET
 CONCORD, NH 03301
 UNITED STATES

TITLE

Padfolio with tapered elastic outer pocket

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit